

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Ardiana Shkoza

Write the full name of each plaintiff.

-against-

NYC Health and Hospital Corporation

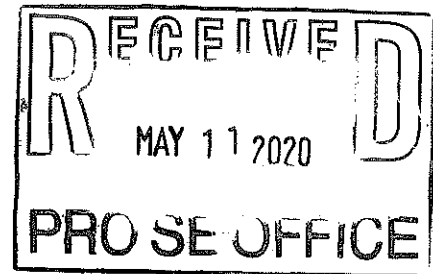
Jacobi Medical Center

Write the full name of each defendant. The names listed  
above must be identical to those contained in Section I.

\_\_\_\_\_ CV \_\_\_\_\_  
(Include case number if one has been  
assigned)

Do you want a jury trial?

☒ Yes ☐ No



EMPLOYMENT DISCRIMINATION COMPLAINT

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. PARTIES****A. Plaintiff Information**

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

<u>Ardiana</u>	<u>Shkoza</u>
First Name	Last Name
<u>2310 Laconia Ave</u>	
Street Address	
<u>Bronx</u>	<u>NY</u>
County, City	State
<u>646-600-1963</u>	<u>ardianashkoza@yahoo.com</u>
Telephone Number	Email Address (if available)

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1:	<u>Jacobi Medical Center</u>
	Name
	<u>1400 Pelham Parkway South</u>
	Address where defendant may be served
	<u>Bronx</u>
	<u>NY</u>
	<u>10461</u>
	County, City
	State
	Zip Code
Defendant 2:	<u></u>
	Name
	<u></u>
	Address where defendant may be served
	<u></u>
	County, City
	State
	Zip Code

Defendant 3:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address where defendant may be served

\_\_\_\_\_  
County, City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:  
Jacobi Medical Center

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Bronx

NY

10461

\_\_\_\_\_  
County, City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## III. CAUSE OF ACTION

### A. Federal Claims

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- ☒ **Title VII of the Civil Rights Act of 1964**, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

☐ race: \_\_\_\_\_

☐ color: \_\_\_\_\_

☐ religion: \_\_\_\_\_

☐ sex: \_\_\_\_\_

☒ national origin: ALBANIA

- ☐ **42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: \_\_\_\_\_

- ☒ **Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: 1975

- ☐ **Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: \_\_\_\_\_

- ☐ **Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: \_\_\_\_\_

- ☐ **Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

#### **B. Other Claims**

In addition to my federal claims listed above, I assert claims under:

- ☒ **New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status
- ☒ **New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status
- ☐ Other (may include other relevant federal, state, city, or county law):

\_\_\_\_\_

#### IV. STATEMENT OF CLAIM

##### A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- ☐ did not hire me
- ☒ terminated my employment
- ☐ did not promote me
- ☐ did not accommodate my disability
- ☒ provided me with terms and conditions of employment different from those of similar employees
- ☒ retaliated against me
- ☒ harassed me or created a hostile work environment
- ☐ other (specify): Threatened me

##### B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

I was terminated from Jacobi Medical Center after 51 days of employment. Since I began working there, I experienced discrimination, harassment, hostile workplace environment

and retaliation. Workplace hostile environment was brought few times to the attention of

the new director of the department Robert Lujan inexcusably failed to take proper corrective action and retaliated against me.

See EEOC attachment

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

## V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

☒ Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? 10/09/2019

☐ No

Have you received a Notice of Right to Sue from the EEOC?

☒ Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? 02/11/2020

When did you receive the Notice? 02/13/2020

☐ No

## VI. RELIEF

The relief I want the court to order is (check only those that apply):

- ☐ direct the defendant to hire me
- ☐ direct the defendant to re-employ me
- ☐ direct the defendant to promote me
- ☐ direct the defendant to reasonably accommodate my religion
- ☐ direct the defendant to reasonably accommodate my disability
- ☒ direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

Because discrimination and harassment I lost my job, I lost my pension, I lost my health insurance, I lost my health and they damaged my career.

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**VII. PLAINTIFF'S CERTIFICATION**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>05/08/2020</u>		<u>Ardiana Shkoza</u>	
Dated		Plaintiff's Signature	
<u>Ardiana</u>		<u>Shkoza</u>	
First Name	Middle Initial	Last Name	
<u>2310 Laconia Ave</u>			
Street Address			
<u>Bronx</u>		<u>NY</u>	<u>10469</u>
County, City		State	Zip Code
<u>646-600-1963</u>		<u>ardianashkoza@yahoo.com</u>	
Telephone Number		Email Address (if available)	

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☒ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

Ardiana Shkoza  
2310 Laconia Ave  
Bronx, NY 10469

My name is Ardiana Shkoza. I am a US citizen. I work for HHC since 2009. After working there for 3 and half years I was forced to resign after I complained about discrimination, harassment and work hostile environment. I still applied for different positions at all HHC hospitals and facilities. In May 2018 I applied to Jacobi Hospital. I have been interviewed by Monica Solis and Rosemarie Young and they did not offer me the job. I still applied for same job and I was called for interview. This time I was interviewed by Tony Bello-Giwah and Josephine Martinez. As they explained me this job is 2 years temporary, but we hired permanently people who are doing the job because you will have experience about the job. I accepted the job because I needed to accumulate pension credits and I needed 1.5 year to vest my 5 years work at City job and not to lose it as I have lost it.

My first day was March 4, 2019. New Director Robert Lujan who just had received the position, from the first day changed my department, my manager, and my supervisors. My supervisors on the paper were Tony Bello- Giwah, Maria Staggers. I was being trained by my new supervisor Melissa Emeric who was hired one week after me. Since the first day Supervisor Melissa was so opened about harassment and discrimination and denying my presence there. When she came to our room, she just turns her back from me ignoring and started to train my coworkers who were hired 6 months before.



Since first day she denied my present there, finding excuses she was new employer for herself, denied me training, not trained correctly, discriminating in terms of misunderstanding the tasks given, asking me the question where I am from , do I have a US passport, do I have Social Security number, do I have a health insurance. One day she said to me I will call Roberto to come to teach you. Another day she called other worker Jose to my computer to change the prices people owed, did not know what that has to do with my learning, it wasn't part of my job and I told her what has Jose Reyes to do to my computer why are you doing things wrong and will be showing I did because is my computer. I complaint to director about not being trained changed my assignments about my co-worker saying I will be fired. Being in work hostile environment I said I am not feeling well, I am under stress and being pressured. He said do not worry your job is safe they are same position as you are, they have been hired just 6 months before you. Manager Rosemary Young asked me "did you go to Roberto and complaint about Jose, Melissa and others ".

April 23 morning, I went to work as always 10 minutes early but when I went to my desk, I find out Janine Doxey has turn on my computer and was sitting down at my chair. In the room was Manager Rose too. She said nothing, just go to another room, no more explanation from her. Ok I said can I take my notes from my desk and few other things I needed to do the job. They put me back at the clerical room as I started first day but computer was not working, and they changed me to another room. I meet the Director at hallway I asked him. Why my workstation is occupied? First, he told me it is not your

desk it is our desk and she is doing dental. (After 51 days of my employment there, they find out that morning my computer is for dental. Janine was doing dental since she was hired there at her computer next room). I seated at other room until 4 a clock when manager Rose told me HR downstairs are asking for you. I went downstairs and find out directly from the Director of Human Resources my work has been terminated without reason. She gave me the wrong name and address.

I had the account with New York City Health & Hospital Corporation, but Lujan wanted to open a new account for me. Lujan came to me to give a log in username and he wrote down ardiannashkoza. With double NN. I told him it is not my name.

New Director Robert Lujan since the first day used the code words to harassed me, but me and harasser know what that mean, you do not have to spell it out when you want to insult someone because of their national origin.

My first name with double NN (attached is a copy). with double NN in Albania mean we are going to hurt you 2 time because this is a second time hired and fired by NYC Health Hospital Corporation retaliated against me brave enough to speak out.

All those management and coworkers so organized from day one to harass and discriminate me, and I on other side asking for help to Ms. Tanya's Blanchette (Director of Patients Account) Roberto Lujan (New Director) Rosemarie Young (Manager). What

I received. "terminated".

Because discrimination and harassment I lost my job, I lost my pension, I lost my health insurance, I lost my health and they damaged my career.

Ardiana Shkoza

Ardiana Shkoza  
ardiana.shkoza@yahoo.com  
646-600-1963



Division of Human Resources

1400 Pelham Pkwy S • Nurse's Residence RM1S6 • Bronx, N.Y. 10461 • Tel. (718) 918-7190 • Fax (718) 918-3835

March 1, 2019

Dear Ardiana Shkoza:

Congratulations!

We are pleased to formally offer you the appointment of temporary **Hospital Care Investigator** at NYC Health + Hospitals / **Jacobi Medical Center** in the **Patient Accounts Department & Admitting**, earning **\$40,275** annually. Your start date is **March 4, 2019**.

Please note that our facilities must be able to provide services twenty-four hours per day, seven days per week. For this reason, upon appropriate notification, your days and hours of duty may be subject to change. Your initial appointment is to **tour** if your specific hours are **9:00am-5:00pm**, unless you are notified otherwise.

You are scheduled to attend a 2 day New Employee Orientation (NEO) Program on **March 4 & 5, 2019** at **9:00am** at **Nurse's Residence Bldg. #4 2<sup>nd</sup> Floor**. As a union represented employee, you may be entitled to a range of benefits available through your union. A list of union websites, as well as additional benefits can be found on the Employee Self Service website at <http://ess.nychhc.org>. This title is covered by (Union/Welfare Fund) **DC 37 Local 371**, the union contact number is (212) 815-1000.

On behalf of NYC Health + Hospitals / Jacobi Medical Center, welcome to our health care system. We are confident that you will help us exceed our patients' expectations and empower New Yorkers to live their healthiest lives. We wish you much success in your new position.

If you have any question, please contact Carolyn Strange by telephone at **(718)918-3546** or by email, at [Carolyn.Strange@nychhc.org](mailto:Carolyn.Strange@nychhc.org).

Sincerely,

A handwritten signature in cursive script that reads "Carolyn Strange".

Carolyn Strange  
Personnel Representative  
NYC Health + Hospitals / Jacobi Medical Center

C: HR File



Division of Human Resources

February 15, 2019

Dear Ardiana Shkoza;

We are pleased to extend you a preliminary job offer to the temporary position of Hospital Care Investigator in the Patient Accounts Department. Your tentative start date will be March 4, 2019. This offer is contingent upon your satisfactory compliance with NYC Health + Hospitals Terms and Conditions of Appointment & Employment. Such terms may include a Pre-Employment Physical Examination and/or a Background Investigation.

As discussed, during your interview, pre-employment physical examination is required, prior to your starting date. An appointment has been scheduled **Wednesday, February 20 @ 10:30am** with our Occupational Health Service, located at Training Conference Center #4 Room 13S4, 13<sup>th</sup> floor, Bronx, NY. You must bring a copy of this letter with you to Occupational Health Service.

When you report for your onboarding appointment, you must present the following **original** documents: Social Security Card, Form I-9 with supporting documents, and a **copy** of your diploma/degree for your highest level of education. Please note that if your highest level of education is from a school outside the US please visit <http://www.nychhealthandhospitals.org/careers/frequently-asked-questions/> for further instructions. If applicable, you are required to also bring **copies** of your Licenses/Registrations and/or Current Certifications (i.e., ACLS, BLS).

Please submit your pre-employment documents online. It is important that you read all instructions in your pre-employment documents.

We look forward to meeting with you to finalize the onboarding process.

Sincerely,

VILMA GUADALUPE  
Employment Specialist  
Recruitment Unit  
Vilma.Guadalupe@nychhc.org

CC: HR File

Adrianna 646-600-1963



Jacobi/North Central Bronx

Department of Human Resources

1400 Pelham Pkwy S • Nurses Residence • Building 4, 156, Bronx, N.Y. 10461 • Tel. (718) 918-3520 • Fax (718) 918-3542

April 23, 2019

Ms. Adrianna Shkoza  
2310 Laconia Avenue  
Bronx, NY 10468

Dear Ms. Shkoza:

Please be advised that your temporary appointment to the position of Hospital Care Investigator is terminated. While your last day on duty is today, you will remain on payroll through Friday, April 26, 2019.

I wish you luck in your future endeavors.

Sincerely,

A handwritten signature in black ink, appearing to read "Joanne Sampson".

Joanne Sampson  
Director of Human Resources

cc: Personnel File

NYC  
HEALTH+  
HOSPITALS

Jacobi

1400 Pelham Parkway South  
Bronx, NY 10461

Ms. Adrianna Shkoza  
2310 Laconia Avenue  
Bronx, NY 10468



**ACTION REQUIRED: APPLY FOR A REFUND**

3734426



ARDIANA SHKOZA  
2310 LACONIA AVE  
BRONX, NY 10469

June 21, 2019

**Member # 674397**

12135 - 481

Dear Ardiana Shkoza:

The New York City Employees' Retirement System (NYCERS) determined that you qualify for a refund of your Accumulated Deductions because your NYCERS membership was terminated on March 12, 2019.

Membership in NYCERS ends when a member with less than five years of service has been out of City service for five or more years during any consecutive ten-year period.

Interest is credited on your contributions up to the date your membership was terminated. However, if you joined NYCERS before July 1, 1990, your contributions may remain on deposit with NYCERS earning interest at the rate of 5% per year until you reach age 62. If you choose to apply for your refund prior to reaching age 62, interest will only accrue up to the date your membership was terminated.

Please complete the enclosed Application for Refund of Member's Accumulated Salary Deductions Form #331 and return the notarized form to NYCERS if you wish to receive your refund.

If you need further assistance, please contact our Call Center at (347) 643-3000 or visit our Customer Service Center at 340 Jay Street, Brooklyn, NY 11201.

Sincerely,

Refunds

Enclosure(s)

12135 - 481 : 3734426 : 1 of 2



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
New York District Office

33 Whitehall Street, 5<sup>th</sup> Floor  
New York, NY 10004-2112  
Intake Information Group: (800) 669-4000  
Intake Information Group TTY: (800) 669-6820  
New York Direct Dial: (929) 506-5270  
FAX (212) 336-3625  
Website: [www.eeoc.gov](http://www.eeoc.gov)

Our Reference: Ardiana Shkoza v. JACOBI MEDICAL CENTER  
EEOC # 520-2019-05448

Ardiana Shkoza  
2310 Laconia Ave  
Bronx, NY 10469

Dear Ms. Shkoza:

This is with reference to your correspondence and subsequent communication with this office in which you alleged discrimination in violation of the Age Discrimination in Employment Act of 1967 as amended and Title VII of the Civil Rights Act of 1964, as amended, by the above-named Respondent.

The Commission has reviewed the evidence you submitted both at the charge filing stage and everything thereafter. Review of the available evidence does not establish a violation of the statute(s). This does not certify that Respondent is in compliance with the statutes. While we fully understand that the parties to a charge often have very firm views that the available evidence supports their respective positions, our final determinations must comport with our interpretations of the available evidence and the laws we enforce. For this reason, we will issue you a Dismissal and Notice of Rights, which will enable you to file suit in U.S. District Court within 90 days of your receipt of that Notice if you wish to pursue this matter further.

We regret that we could not be of further service to you in this matter.

Sincerely,

Date

Investigator

*Julissa Soriano*



## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## DISMISSAL AND NOTICE OF RIGHTS

To: **Ardiana Shkoza**  
**2310 Laconia Ave**  
**Bronx, NY 10469**

From: **New York District Office**  
**33 Whitehall Street**  
**5th Floor**  
**New York, NY 10004**



On behalf of person(s) aggrieved whose identity is  
**CONFIDENTIAL (29 CFR §1601.7(a))**

EEOC Charge No.

EEOC Representative

Telephone No.

**520-2019-05448**

**Julissa Soriano,**  
**Investigator**

**(929) 506-5304**

**THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**



The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

**- NOTICE OF SUIT RIGHTS -**

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



**Judy A. Keenan,**  
**District Director / Acting Deputy Director**

**2-11-2020**

(Date Mailed)

Enclosures(s)

cc:

**Attn: Counsel**  
**JACOBI MEDICAL CENTER**  
**1400 Pelham Parkway South**  
**Bronx, NY 10461**

**INFORMATION RELATED TO FILING SUIT  
UNDER THE LAWS ENFORCED BY THE EEOC**

*(This information relates to filing suit in Federal or State court under Federal law.  
If you also plan to sue claiming violations of State law, please be aware that time limits and other  
provisions of State law may be shorter or more limited than those described below.)*

**PRIVATE SUIT RIGHTS -- Title VII of the Civil Rights Act, the Americans with Disabilities Act (ADA),  
the Genetic Information Nondiscrimination Act (GINA), or the Age  
Discrimination in Employment Act (ADEA):**

In order to pursue this matter further, you must file a lawsuit against the respondent(s) named in the charge within 90 days of the date you receive this Notice. Therefore, you should **keep a record of this date**. Once this 90-day period is over, your right to sue based on the charge referred to in this Notice will be lost. If you intend to consult an attorney, you should do so promptly. Give your attorney a copy of this Notice, and its envelope, and tell him or her the date you received it. Furthermore, in order to avoid any question that you did not act in a timely manner, it is prudent that your suit be filed **within 90 days of the date this Notice was mailed to you** (as indicated where the Notice is signed) or the date of the postmark, if later.

Your lawsuit may be filed in U.S. District Court or a State court of competent jurisdiction. (Usually, the appropriate State court is the general civil trial court.) Whether you file in Federal or State court is a matter for you to decide after talking to your attorney. Filing this Notice is not enough. You must file a "complaint" that contains a short statement of the facts of your case which shows that you are entitled to relief. Courts often require that a copy of your charge must be attached to the complaint you file in court. If so, you should remove your birth date from the charge. Some courts will not accept your complaint where the charge includes a date of birth. Your suit may include any matter alleged in the charge or, to the extent permitted by court decisions, matters like or related to the matters alleged in the charge. Generally, suits are brought in the State where the alleged unlawful practice occurred, but in some cases can be brought where relevant employment records are kept, where the employment would have been, or where the respondent has its main office. If you have simple questions, you usually can get answers from the office of the clerk of the court where you are bringing suit, but do not expect that office to write your complaint or make legal strategy decisions for you.

**PRIVATE SUIT RIGHTS -- Equal Pay Act (EPA):**

EPA suits must be filed in court within 2 years (3 years for willful violations) of the alleged EPA underpayment: back pay due for violations that occurred **more than 2 years (3 years) before you file suit** may not be collectible. For example, if you were underpaid under the EPA for work performed from 7/1/08 to 12/1/08, you should file suit **before 7/1/10 – not 12/1/10** -- in order to recover unpaid wages due for July 2008. This time limit for filing an EPA suit is separate from the 90-day filing period under Title VII, the ADA, GINA or the ADEA referred to above. Therefore, if you also plan to sue under Title VII, the ADA, GINA or the ADEA, in addition to suing on the EPA claim, suit must be filed within 90 days of this Notice and within the 2- or 3-year EPA back pay recovery period.

**ATTORNEY REPRESENTATION -- Title VII, the ADA or GINA:**

If you cannot afford or have been unable to obtain a lawyer to represent you, the U.S. District Court having jurisdiction in your case may, in limited circumstances, assist you in obtaining a lawyer. Requests for such assistance must be made to the U.S. District Court in the form and manner it requires (you should be prepared to explain in detail your efforts to retain an attorney). Requests should be made well before the end of the 90-day period mentioned above, because such requests do not relieve you of the requirement to bring suit within 90 days.

**ATTORNEY REFERRAL AND EEOC ASSISTANCE -- All Statutes:**

You may contact the EEOC representative shown on your Notice if you need help in finding a lawyer or if you have any questions about your legal rights, including advice on which U.S. District Court can hear your case. If you need to inspect or obtain a copy of information in EEOC's file on the charge, please request it promptly in writing and provide your charge number (as shown on your Notice). While EEOC destroys charge files after a certain time, all charge files are kept for at least 6 months after our last action on the case. Therefore, if you file suit and want to review the charge file, **please make your review request within 6 months of this Notice**. (Before filing suit, any request should be made within the next 90 days.)

**IF YOU FILE SUIT, PLEASE SEND A COPY OF YOUR COURT COMPLAINT TO THIS OFFICE.**



**U.S. Equal Employment Opportunity Commission  
New York District Office**

33 Whitehall Str  
5th Fl  
New York, NY 100  
(929) 506-57  
TTY (800) 669-41  
Fax: (212) 336-36

Respondent: JACOBI MEDICAL CENTER  
EEOC Charge No.: 520-2019-05448  
FEPA Charge No.:

January 13, 2020

Ardiana Shkoza  
2310 Laconia Ave  
Bronx, NY 10469

Dear Ms. Shkoza:

This is with reference to your recent written correspondence or intake questionnaire in which you alleged employment discrimination by the above-named respondent. The information provided indicates that the matter complained of is subject to the statute(s) checked off below:

- ☒ Title VII of the Civil Rights Act of 1964 (Title VII)
- ☐ The Age Discrimination in Employment Act (ADEA)
- ☐ The Americans with Disabilities Act (ADA)
- ☐ The Equal Pay Act (EPA)
- ☐ The Genetic Information Nondiscrimination Act (GINA)

The attached EEOC Form 5, Charge of Discrimination, is a summary of your claims based on the information you provided. Because the document that you submitted to us constitutes a charge of employment discrimination, we have complied with the law and notified the employer that you filed a charge. Before we investigate your charge, however, you must sign and return the enclosed Form.

To enable proper handling of this action by the Commission you should:

- (1) Review the enclosed charge form and make corrections.
- (2) Sign and date the charge in the bottom left hand block where I have made an "X". For purposes of meeting the deadline for filing a charge, the date of your original signed document will be retained as the original filing date.
- (3) Return the signed charge to this office.

Before we initiate an investigation, we must receive your signed Charge of Discrimination (EEOC Form 5). Please sign and return the charge within thirty (30) days from the date of this letter. Under EEOC procedures, if we do not hear from you within 30 days or receive your signed charge within 30 days, we are authorized to dismiss your charge and issue you a right to sue letter allowing you to pursue the matter in federal court. Please be aware that after we receive your signed Form 5, the EEOC will send a copy of the charge to New York State Division Of Human Rights Federal Contract Unit One Fordham Plaza, 4 Fl. Bronx, NY 10458 as required by our procedures. If that agency processes the charge, it may require the charge to be signed before a notary public or an agency official. The agency will then investigate and resolve the charge under their statute.

EEOC Form 5 (11/09)

<b>CHARGE OF DISCRIMINATION</b> <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: _____ Agency(ies) Charge No(s): _____ <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC <span style="float: right;"><b>520-2019-05448</b></span>	
<b>New York State Division Of Human Rights</b> and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr., Ms., Mrs.) <b>Ms. Ardiana Shkoza</b>		Home Phone (Incl. Area Code) _____ Date of Birth _____	
Street Address <b>2310 Laconia Ave, Bronx, NY 10469</b>		City, State and ZIP Code	
Named Is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>JACOBI MEDICAL CENTER</b>		No. Employees, Members <b>Unknown</b>	
Street Address <b>1400 Pelham Parkway South, Bronx, NY 10461</b>		Phone No. (Include Area Code) <b>(718) 918-3542</b>	
Name _____		No. Employees, Members _____	
Street Address _____		Phone No. (Include Area Code) _____	
City, State and ZIP Code _____		City, State and ZIP Code _____	
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify) _____		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest <b>04-23-2019 04-23-2019</b> <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p><b>I believe I was discriminated against due to my age (43), national origin (European), sex (female) and retaliation. I was a Hospital Care Investigator at Jacobi Hospital. On March 4th, 2019, I was hired into the temporary position.</b></p> <p><b>On or around March 11th I met with Audie Henriques, Assistant director of Training and Development and discussed about the issues I was dealing with in my department.</b></p> <p><b>On March 18th, 2019, I spoke with Tanya Blanchetto, Director, I spoke to her about the bullying in the workplace. Triston Francis, a Supervisor was present when I complained to Tanya.</b></p> <p><b>After speaking Tanya, on March 27, I sent an email Joanne Desario, Compliance Officer about the workplace bullying and met with the Director Roberto Lujan to speak about the workplace bullying as advised by Joanne.</b></p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT _____ SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE _____ <small>(month, day, year)</small>	
I declare under penalty of perjury that the above is true and correct.		_____ Date Charging Party Signature	

EEOC Form 5 (11/09)

**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s)

☐

FEPA

☒

EEOC

**520-2019-05448****New York State Division Of Human Rights**

and EEOC

*State or local Agency, if any*

On or around April 12th, Roberto Lujan, Director, touched me twice on my shoulder when I went to his office to speak about the workplace issues.

Melissa Emeric, my direct supervisor, made comments about my national origin every day. She asked me if I "have a passport." Melissa failed to train me properly about my work duties and constantly harassed me in terms of my work product.

I believe I was discriminated against due to my age, national origin, sex and retaliation in violation of Title VII of the Civil Rights Act of 1964 as amended and the Age Discrimination Employment Act of 1967 as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

04.14.20

Date

Ardiana Skoza

Charging Party Signature

NOTARY – When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)



CP Enclosure with EEOC Form 5 (11/09)

**PRIVACY ACT STATEMENT:** Under the Privacy Act of 1974, Pub. Law 93-579, authority to request personal data and its uses are:

1. **FORM NUMBER/TITLE/DATE.** EEOC Form 5, Charge of Discrimination (11/09).
2. **AUTHORITY.** 42 U.S.C. 2000e-5(b), 29 U.S.C. 211, 29 U.S.C. 626, 42 U.S.C. 12117, 42 U.S.C. 2000ff-6.
3. **PRINCIPAL PURPOSES.** The purposes of a charge, taken on this form or otherwise reduced to writing (whether later recorded on this form or not) are, as applicable under the EEOC anti-discrimination statutes (EEOC statutes), to preserve private suit rights under the EEOC statutes, to invoke the EEOC's jurisdiction and, where dual-filing or referral arrangements exist, to begin state or local proceedings.
4. **ROUTINE USES.** This form is used to provide facts that may establish the existence of matters covered by the EEOC statutes (and as applicable, other federal, state or local laws). Information given will be used by staff to guide its mediation and investigation efforts and, as applicable, to determine, conciliate and litigate claims of unlawful discrimination. This form may be presented to or disclosed to other federal, state or local agencies as appropriate or necessary in carrying out EEOC's functions. A copy of this charge will ordinarily be sent to the respondent organization against which the charge is made.
5. **WHETHER DISCLOSURE IS MANDATORY; EFFECT OF NOT GIVING INFORMATION.** Charges must be reduced to writing and should identify the charging and responding parties and the actions or policies complained of. Without a written charge, EEOC will ordinarily not act on the complaint. Charges under Title VII, the ADA or GINA must be sworn to or affirmed (either by using this form or by presenting a notarized statement or unsworn declaration under penalty of perjury); charges under the ADEA should ordinarily be signed. Charges may be clarified or amplified later by amendment. It is not mandatory that this form be used to make a charge.

#### **NOTICE OF RIGHT TO REQUEST SUBSTANTIAL WEIGHT REVIEW**

Charges filed at a state or local Fair Employment Practices Agency (FEPA) that dual-files charges with EEOC will ordinarily be handled first by the FEPA. Some charges filed at EEOC may also be first handled by a FEPA under worksharing agreements. You will be told which agency will handle your charge. When the FEPA is the first to handle the charge, it will notify you of its final resolution of the matter. Then, if you wish EEOC to give Substantial Weight Review to the FEPA's final findings, you must ask us in writing to do so within 15 days of your receipt of its findings. Otherwise, we will ordinarily adopt the FEPA's finding and close our file on the charge.

#### **NOTICE OF NON-RETALIATION REQUIREMENTS**

Please **notify** EEOC or the state or local agency where you filed your charge **if retaliation is taken against you or others** who oppose discrimination or cooperate in any investigation or lawsuit concerning this charge. Under Section 704(a) of Title VII, Section 4(d) of the ADEA, Section 503(a) of the ADA and Section 207(f) of GINA, it is unlawful for an *employer* to discriminate against present or former employees or job applicants, for an *employment agency* to discriminate against anyone, or for a *union* to discriminate against its members or membership applicants, because they have opposed any practice made unlawful by the statutes, or because they have made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under the laws. The Equal Pay Act has similar provisions and Section 503(b) of the ADA prohibits coercion, intimidation, threats or interference with anyone for exercising or enjoying, or aiding or encouraging others in their exercise or enjoyment of, rights under the Act.

05/11/20

📶 68% 10:18 PM

← Dr Joanne Des... ▼ CALL MORE  
+13477352092

Wednesday, March 27, 2019

Dear Ms Desarlo  
My name is Ardiana  
Shkoza. I work at Jacobi  
hospital. I am new  
employee. I started working  
here March 4. I work as  
Hospital Care Investigator  
bldg 4 10fl room 18. Since  
the first day I started I have  
been bullied etc etc. I need  
to talk to you please

12:21 PM

Which time will be better to  
call you or maybe to come  
to meet you

12:23 PM

P.S  
My first day at department  
was March 6

12:24 PM

Thank you  
Ardiana Shkoza

12:25 PM

999



2 |





59% 6:22 PM



Dr Joanne Des...



CALL

MORE

+13477352092

Thank you

12:25 PM

Ardiana Shkoza

Thursday, March 28, 2019

Hello Adriana, have you  
reported your concerns to  
your manager?

11:26 AM

Hello Ms Desarlo  
Thank you for your  
response. I just had a  
open talk today with my  
Director. He is aware of my  
concerns.

12:48 PM

Who is your director?

12:58 PM

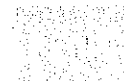
1:02 PM

Roberto Lujan

1:05 PM

I did not told him I have  
contacted you.

999





59% 6:23 PM



Dr Joanne Des...



CALL

MORE

+13477352092

Thank you for your  
response. I just had a  
open talk today with my  
Director. He is aware of my  
concerns.

12:48 PM

Who is your director?

12:58 PM

1:02 PM

Roberto Lujan

1:05 PM

I did not told him I have  
contacted you.

That's fine I will not contact  
him. Also keep in mind that  
Jacobi has an EEO officer  
who handles harassment  
complaints based on  
discrimination.

1:10 PM

1:10 PM

Thank you thank you very  
much

999



**Shkoza, Ardiana**

---

**From:** Lujan, Roberto  
**Sent:** Thursday, April 04, 2019 4:49 PM  
**To:** Shkoza, Ardiana  
**Subject:** RE: EMBELEM ACCESS

Ardiana,

Come to my office please.

**From:** Shkoza, Ardiana <shkozaa@nychhc.org>  
**Sent:** Thursday, April 4, 2019 4:42 PM  
**To:** Lujan, Roberto <Roberto.Lujan@nychhc.org>  
**Subject:** FW: EMBELEM ACCESS

Ms, Lujan

Can you please read this message?

This is HIPPA violation.

Are you aware of this, what Giosue Conte did?

Please see what your staff is doing to me. I have limited training, bullied etc. etc.

I was so open with you but you are finding excuse for everything around.

**From:** Young, Rosemarie  
**Sent:** Thursday, April 04, 2019 3:25 PM  
**To:** Shkoza, Ardiana <shkozaa@nychhc.org>  
**Cc:** Emeric, Melissa <Melissa.Emeric@nychhc.org>  
**Subject:** FW: EMBELEM ACCESS

**From:** Conte, Giosue  
**Sent:** Thursday, April 04, 2019 2:45 PM  
**To:** Young, Rosemarie <Rosemarie.Young@nychhc.org>  
**Subject:** EMBELEM ACCESS

---


<https://portal.emblemhealth.com/Provider/Select/SelectProvider.aspx?role=ra>


EmblemHealth Provider.. X

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[Pages - Index](#)


## Providers

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Information valid as of 4/4/2019 2:43 PM

## Manage Users

### Find a user

 User ID\*:  Last Name:  First Name:  

### User Information: (Update) (View History) (Activity Log)

User ID: ARDIANAS Date of Birth: 11/08/1975

Name: SHKOZA, ARDIANA Password: \*\*\*\*\*

Practice Address: Home Phone:

Email: shkozaa@nythc.org Work Phone:

Status: Inactive Fax:

### \* Required Fields

### Assign Roles:

 Choose role(s)\*: ☐ Administrator

☒ Billing Specialist

☐ Concurrent Review Report

☐ Default User

☐ Discharge Planner

[More Roles >](#)

### Permissions

Permissions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility and Benefits Inquiry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims Inquiry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concurrent Status Review Report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edit Profile	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Referral Inquiry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior Approval Inquiry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GHI Pre-Certifications Search	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ER Admission Notification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ER Admission Notification Inquiry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security Application	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### NEWS & FEATURES

### PROVIDER RESOURCES

### DENTAL PROVIDER RESOURCES

☐ Administrator ☒ Billing Specialist ☐ Concurrent Review Report ☐ Default User ☐ Discharge Planner

[More Roles >](#)


# Provider Portal

Welcome to the Affinity Provider Portal

## Provider Details -

Logged in as: **ArdianaS Shkoza**    [Logout \(/Authentication/L](#)

<b>Provider Name</b>	HHC North Bx Health Network
<b>Provider Id</b>	HHCNBHNETWRK
<b>Username</b>	Ardiana
<b>Tax ID</b>	
<b>NPI</b>	
<b>Email</b>	shkozaa@nychhc.org
<b>Edit (/Profile)</b>	

## Welcome

Welcome to the new Affinity Provider Portal it has a new look and feel! We have made it easier and quicker for you

to search Member Eligibility, Claims and Authorizations. Enjoy navigating through our new portal.

© 2009 - 2019 - Affinity Health Plan All Rights Reserved.

1.0.946.0

<https://providerportal.affinityplan.org/>

4/12/2019

## Outpatient Account Phone Tree

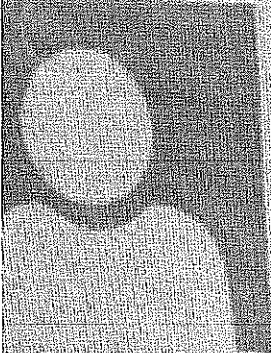
Last Name	First Name	Room
Stone	Maria	10-N-9
		10-N-10
Nercho	Francis	10-N-10
Banggaroo	Branily	10-N-11
Skenolo	Dejon	10-N-11
Ramirez	Melanie	10-N-11
Gonzalez	Roberto	10-N-11
Solis	Monica	10-N-12
EMERIC	Melissa	10-N-12
Espinal	Polonia	10-N-13
Ghygliotti	Emma	10-N-13
Lahoz Castro	Miriam	10-N-13
Stewart	Richard	10-N-13
Edwards( BIG E)	Kwesi	10-N-13
Ashe	Tenee	10-N-14
		10-N-14
Young	Rose	10-N-16
Matos	Juana	10-N-17
		10-N-17
Brooks	Crystal	10N18
Sievers	Tika	10N18
Covington	Shaina	10N18
Dejesus	Liskari	10N18
Reyes	Jose	10-N-19
Olivares	Heysha	10-N-19
Pena	Anabel	10-N-20
Peralta	Thiara	10-N-20
Meadows	Octavia	10-N-20
Doxey	Janine	10N20
Eason	Thelma	10-N-21
Conte	Giosue	10-N-21
Lujan	Roberto	10-N-22



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# Shkoza, Ardiana


Free for next 8 hours

Hosp Care Investigator, PATIENT ACCOU



[CONTACT](#)[ORGANIZATION](#)[WHAT'S NEW](#)[MEMBERSH](#)


## Manager



### Staggars, Maria


Sr Hosp Care Investigator

## Shares Same Manager




### Bridglal, Rameshwar

Hosp Care Investigator



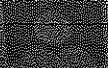
### Guzman, Virginia

Hosp Care Investigator



### Hurd, Maurice

Hosp Care Investigator



### Koto, Armani

Hosp Care Investigator



Unread/ Categorize Follow  
Read Up  
Tags Find

Address Book  
Filter Email  
Connection Manager  
About Unified Mes



## Staggars, Maria

Free for next 8 hours  
Sr Hosp Care Investigator, PATIENT ACCOUNTS

CONTACT ORGANIZATION WHAT'S NEW MEMBERSHIP

Manager

Martinez, Josephine  
Spv Hosp Care Investigator

Shares Same Manager

Tomlin, Joyline P.  
Sr Hosp Care Investigator

Staggars, Maria  
Sr Hosp Care Investigator

Direct Reports

Bridglal, Rameshwar  
Hosp Care Investigator

[providers.fideliscare.org/default.aspx?ctl=Login&Username=ArdianaSaverio](https://providers.fideliscare.org/default.aspx?ctl=Login&Username=ArdianaSaverio)

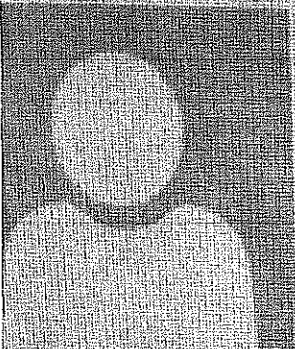
we appreciate your support...



06+.jpg


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April 18, 2019




## Shkoza, Ardiana

Free for next 8 hours  
Hosp Care Investigator, PATIENT ACCO



CONTACT ORGANIZATION WHAT'S NEW MEMBERSH

manager




Young, Rosemarie  
Coordinating Mgr - L B

Shares Same Manager




Ares, Erica  
Ast Systems Analyst (Fin)



Matos, Juana  
Sr Hosp Care Investigator



Toliver, Violet  
Clerical Associate - L III



Shkoza, Ardiana  
Hosp Care Investigator

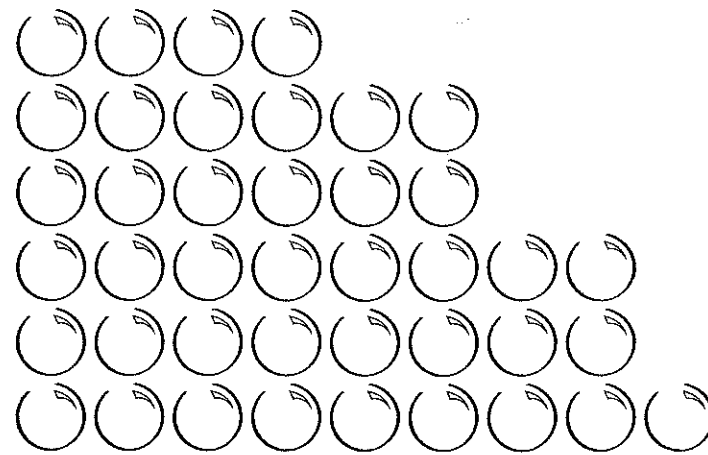


From: Ardiana SHKOZA  
2310 Laconia AVE  
Bronx, NY 10469  
646-600-1963

**Bubble Mailer**

USPS  
S.D.N.Y.

To: PRO SE INTAKE UNIT



**The UPS Store®**

